



Crisis Response from a Trauma Centered Perspective

Wendy Blanco, LCSW
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Objectives



WHAT IS TRAUMA?



BENEFITS OF TRAUMA
INFORMED APPROACH



PROGRAMS THAT
ALREADY EXIST

Trauma

Literally a wound—psychological vs. physical

Psychological trauma occurs when a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside.

Traumatic events are “too much too soon” overwhelming the nervous system or “too little or too much for too long” - Trauma Resiliency Institute

Big “T”

- Natural Disasters
- Man-Made Disasters
- War Zone Experiences
- Acts of Terrorism
- Sexual Assaults
- Child Abuse
- Acts of Violence
- Death of Loved One(s)
- Car Accidents
- Catastrophic Illness
- Vicarious Trauma (Witnessing)
- Overdose
- Restraints/Take Downs
- Psychiatric holds
- Psychosis/Psychotic break
- Manic Episodes
- Suicide Attempt

Little “T”

- Dog Bites
- Routine Surgeries
- Falls
- Invasive Dental or
- Medical Procedures
- Minor Car Accidents
- Medication Side Effects
- Multiple Med Regimens

“C” Trauma

- Racism
- Poverty
- Homo/Trans phobia
- Bullying
- Oversaturation in Media
- Domestic Violence
- Child Abuse
- Multiple Deployments
- Vicarious Trauma (Witnessing)
- Multiple Hospitalizations
- Sexism
- Colonialism
- Institutional Racism
- Homelessness
- Stigmatization
- Multiple diagnoses
- Incarceration
- Gravely Disabled
- Immigration Challenges
- Historical Trauma

Trauma Informed Care

Definition: Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

-Trauma Informed Care Project



Understanding trauma is not just about acquiring knowledge. Its about changing the way you view the world.



Changing the helping paradigm from “What’s wrong with you?” to “What happened to you?” -Sandra Bloom, 2007

Why is Trauma- Informed Services so Important?

Improves the outcomes, reduces the likelihood of inadvertent re-traumatization

Empowers survivors to take charge of their lives

Provides support for trauma workers to acknowledge and address vicarious trauma

It's like the universal standard of care

TIC providers understand:

Survivors of trauma are not pathological, but reactive

Survivors may question their “fight-flight-freeze” response and feel shame and guilt.

Trauma triggers cause the survivor to revert back to “fight-flight-freeze” response.

Survivors of trauma may have difficulties with their memories—not logical, not sequential, fragmented, etc. Don’t play detective to get the whole story of the trauma

TIC interventions work to restore the balance in the brain which has become dysregulated due to trauma’s biochemical impact.

During the trauma response the body releases stress hormones that cause the mind-body system to move to into “flight-fight-freeze” mode.

This can cause the brain to become dysregulated or “stuck in the trauma response”

The TRIUMPH Treatment Model

Based on Judith Herman's 3-Stage Recovery Model

- Safety/stability
- Trauma processing
- Re-connection

Neurobiology of trauma

- Neurophysiology of trauma reactions (Van de Kolk, Perry, Levine)
- Stabilization of nervous system
 - Somatic interventions (CRM, grounding, breathing, yoga, etc.)
 - Cognitive interventions (empowerment, skill development, etc.)
 - Safe relationships/connections (release of oxytocin)

Cultural/Community Practices

- Healing Circles
- Faith-based, spirituality
- Drumming, music

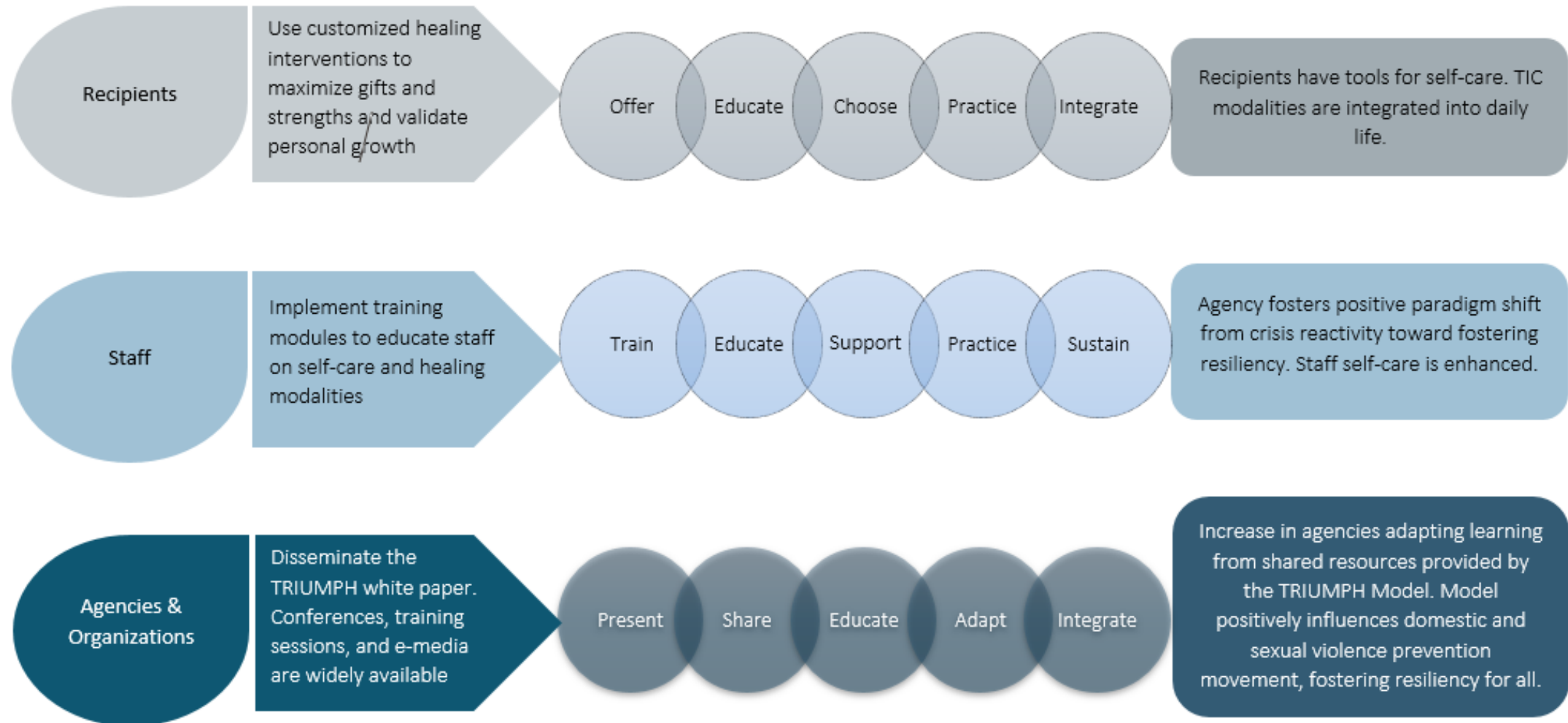
TRIUMPH

Moving towards Resiliency & Recovery

Theory of Change

If we...

Then...



Trauma Informed Programs

- Domestic Abuse Response Team (DART)
- Sexual Abuse Response Team (SART)
- Child Abuse Response Team (CART)
- Gang Reduction and Youth Development (GRYD)
- Homeless Outreach and Psychiatric Evaluation (HOPE) unit
- Crime Survivors Program

Thank you!

Wendy Blanco, LCSW

wendy@peaceoverviolence.org